MONTANA BOARD OF ALTERNATIVE HEALTH CARE

DIRECT-ENTRY MIDWIFE LICENSURE IN MONTANA

THIS IS AN INFORMATION SUMMARY SHEET ONLY. THE APPLICANT IS RESPONSIBLE FOR READING THE COMPLETE STATUTES AND RULES PRIOR TO MAKING APPLICATION.

APPLICATIONS MUST BE APPROVED BY THE BOARD MEMBERS THROUGH THE MAIL. AVERAGE APPROVAL /DENIAL TIME, AFTER RECEIPT OF ALL REQUIRED DOCUMENTATION, IS ONE MONTH.

A. REQUIREMENTS FOR LICENSURE:

DIRECT-ENTRY MIDWIFE LICENSURE BY EXAMINATION: Applicant is not licensed in any other state as a direct-entry midwife. Applicant must:

1) be of good moral character;
2) possess a high school diploma or its equivalent;
3) be at least 21 years of age;
4) pass the North American Registry of Midwives licensing exam (NARM) with a score of 75 or better or an exam endorsed by the Board;
5) have filed documentation that the applicant has been certified to perform adult and infant cardiopulmonary resuscitation. Certification must be current at the time of application and remain valid throughout the license period.
6) have filed documentation that the applicant has been certified to perform neonatal resuscitation. Certification must be current at the time of application and remain valid throughout the license period.
7) have demonstrated to the Board that the educational and supervised, practical experience requirements in §37-27-201(3) and (4) have been met; and
8) have submitted a complete application accompanied by the appropriate fee and all supporting documents at least 90 days prior to the examination date.

DIRECT-ENTRY MIDWIFE LICENSEES FROM OTHER STATES: Applicant must:

1) have a current license in good standing from a state or jurisdiction whose license was issued under standards equivalent to or greater than current standards in this state (i.e., meet standards 1-7 above) and;
2) provide verification from the state or states in which the applicant is licensed that the applicant is not subject to pending charges or final disciplinary action for unprofessional conduct or impairment.

DIRECT-ENTRY APPRENTICES: Applicant must:

1) work only under personal supervision (within the physical presence) of an approved supervisor who has completed the Board's supervision form;
2) have filed documentation that the applicant has been certified to perform adult and infant cardiopulmonary resuscitation. Certification must be current at the time of application and remain valid throughout the license period.
3) have submitted a curriculum outline or method of academic learning that meets the Board's education requirements for licensure;
4) have submitted a complete application accompanied by the appropriate fee and all supporting documents.

B. GENERAL INFORMATION:

3 copies (plus original) of the completed application and all supporting documents submitted by you must be received in the Board office before your application can be sent to the Board for

review. MIDWIFE EXAM CANDIDATES SEE EXAM INFORMATION ON THE WEBPAGE FOR CURRENT DEADLINE AND EXAMINATION DATES.

C. SUPPORTING DOCUMENTS FOR DIRECT-ENTRY MIDWIFE EXAMINATION CANDIDATES:

1) Application fee of $250 (non-refundable) made payable to the Board of Alternative Health Care.

2) Photograph approximately 2" X 2" taken within 2 years of the date of application.

3) Certified copy of transcript verifying graduation sent directly to the Board office from the high school or GED verifying agency.

4) Documentation of good moral character consisting of three letters of reference, at least one of which must be from a licensed direct-entry midwife.

5) A copy of a current CPR card indicating that the applicant is certified by the American Heart Association or the American Red Cross to perform adult and infant cardiopulmonary resuscitation.

6) A copy of a current Neonatal card indicating that the applicant is certified by the American Heart Association or the American Academy of Pediatrics to perform neonatal resuscitation.

7) Completed “Direct-entry Midwife Education Standards Form” (Form #1).

8) Completed “40 Birth Observations Form” (Form #4).

9) Completed forms documenting provision of 100 prenatal examinations (Form #5).

10) Completed “Documentation of Birth Experience Form” which certifies that the applicant has served as the primary birth attendant at 25 births, 15 of which include continuous care - 10 of the continuous care births must have been under personal supervision. (Form #2)

Upon notification by the Board of approval to sit for the NARM examination, applicant must submit the midwife examination fee of $800.

D. SUPPORTING DOCUMENTS FOR DIRECT-ENTRY MIDWIFE CANDIDATES FROM OTHER STATES:

1) Documents described in 1-10 above on Board forms or documented on other jurisdiction’s forms.

2) Applicants with licenses from other states must contact other states of licensure (past & current) and request letters of verification of license status to be sent directly to the Board office from the licensing jurisdiction. **The candidate will be responsible for contacting these jurisdictions and paying any fees that are required.**

3) Candidate will have the exam agency supply directly to the Montana Board documentation of successful completion of the North American Registry of Midwives (NARM) exam with a score of 75 or higher or document passage of an exam endorsed by the Board.

4) Candidate shall supply a copy of the laws and rules which were in effect at the time the license was granted in the other jurisdiction.

E. SUPPORTING DOCUMENTS FOR APPLICANTS FOR DIRECT-ENTRY MIDWIFE APPRENTICES

1) A copy of a current CPR card indicating that the applicant is certified by the American Heart Association or the American Red Cross to perform adult and infant cardiopulmonary resuscitation.

2) Application fee of $200 (non-refundable) made payable to the Board of Alternative Health Care.

3) Completed supervision agreement. (Form #3)

4) Curriculum outline or plan for method of academic learning that meets the Board's educational requirements for licensure (open format.)

When the apprentice license is issued, you will receive the Level I Forms Packet.

Send applications to:
MONTANA BOARD OF ALTERNATIVE HEALTH CARE
PROGRAM MANAGER
301 S Park, 4th Floor
PO BOX 200513
HELENA MONTANA 59620-0513
406-841-2365
E-mail dlibsdahc@state.mt.us

MONTANA BOARD OF ALTERNATIVE HEALTH CARE

301 S Park, 4th Floor
P. O. Box 200513
Helena, Montana 59620-0513
(406) 841-2394 FAX (406) 841-2305 E-MAIL dlibsdahc@state.mt.us
http://discoveringmontana.com/dli/ahc

Application for Licensure as:
☐ **Direct-Entry Midwife**
☐ **Direct-Entry Apprentice**

Application by:
☐ **Examination**
☐ **License from Another State**

1. FULL NAME _____
   Last First Middle

2. OTHER NAME(S) KNOWN BY _____

3. BUSINESS NAME:_____

4. BUSINESS ADDRESS _____
   Street or PO Box # City and State Zip Country

5. HOME ADDRESS _____
   Street or PO Box # City and State Zip Country

   PREFERRED MAILING ADDRESS: ☐ Business ☐ Home E-MAIL ADDRESS _____

6. TELEPHONE: (____) _____ (____) _____ (____) _____
   Business Home Fax

7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____ PLACE OF BIRTH _____ ☐ MALE ☐ FEMALE
   City/State

9. LICENSE NAME_____
   (State your name as it should appear on the license if granted.)

Please answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a Supplement Sheet.

10. If taking an examination, do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, attach a detailed explanation. ☐ Yes ☐ No

11. Have you ever taken the licensure examination in Montana or any other state? If yes, give state, date, and results. ☐ Yes ☐ No

12. Have you ever been denied the right to take this profession's licensing examination in any state? If yes, attach a detailed explanation. ☐ Yes ☐ No

13. List all professional/occupational licenses, registrations, or certificates granted to you.

State/Province/Territory	License Number	Date Issued	Current	Type of License

14. Has a licensing agency ever taken adverse or disciplinary action against your license (certificate)? If yes, attach a detailed explanation. ☐ Yes ☐ No

15. Has your license (certificate) ever been forfeited or surrendered? If yes, attach a detailed explanation. ☐ Yes ☐ No

16. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct? If yes, attach a detailed explanation. ☐ Yes ☐ No

17. Has any legal or disciplinary action been filed against you which relates to the propriety or your fitness to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No

18. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation. ☐ Yes ☐ No

19. Do you have criminal charges pending or have you ever pled guilty or been convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed during the course of your professional practice, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit: (1) traffic violations for which you paid a fine of $100.00 or less and (2) charges or convictions prior to your 16th birthday. If yes, attach a detailed explanation. ☐ Yes ☐ No

20. Have you ever been charged with fraud, formally or informally, in any civil proceeding? If yes, attach a detailed explanation. ☐ Yes ☐ No

21. Have you any physical or mental condition which has in the past three years adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. ☐ Yes ☐ No

22. Have you, within the last three years, used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No

23. Educational Background:

Name & Location of Institution	Dates Attended	Degree & Date Received

24. Professional Experience as a Midwife (List all experience, unpaid as well as paid, concurrent as well as consecutive, starting at the date of application and working back to graduation from your high school. Use additional sheet if necessary.

a)._____

b)._____

c)_____

Date of Photo:_____

AFFIX A RECENT PHOTOGRAPH.

I authorize the release of information concerning my competence to practice, by anyone who might possess such information, to the Montana Board of Alternative Health Care.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

_____ _____
Legal Signature of Applicant Dated

Subscribed and sworn to by me this _____ day of _____, _____at

_____.
City/State

_____
Notary Public

SEAL

_____
For the State of

My commission expires _____, _____.

BOARD OF ALTERNATIVE HEALTH CARE
301 S PARK, 4TH FLOOR PO BOX 200513
HELENA, MONTANA 59620-0513
406-841-2394

DIRECT-ENTRY MIDWIFE EDUCATION STANDARDS
(To be submitted with NARM examination application.)

Please indicate the direct-entry midwife program or course of study which demonstrates competence in each of the substantive content areas listed below. Submit course and program descriptions, from the time of applicant's graduation or completion, and certificates of completion or certified transcripts sent directly from the institution to verify that the training received fulfills minimum educational standards.

Antepartum Care:

(1) preconceptional factors likely to influence pregnancy outcome;_____

(2) basic genetics, embryology and fetal development_____

_____

(3) anatomy and assessment of the soft and bony structure of the pelvis;_____

_____

(4) identification and assessment of the normal changes of pregnancy, fetal growth, and position;_____

_____

(5) nutritional requirements for pregnant women and methods of nutritional assessment and counseling;_____

_____

(6) environmental and occupational hazards for pregnant women;_____

_____

(7) education and counseling to promote health throughout the childbearing cycle;_____

(8) methods of diagnosing pregnancy;_____

_____

(9) the etiology, treatment and referral, when indicated, of the common discomforts of pregnancy;_____

_____

(10) assessment of physical and emotional status, including relevant historical and psycho-social data;_____

_____

(11) counseling for individual birth experiences, parenthood, and changes in the family;_____

(12) indications for, risks and benefits of screening/diagnostic tests used during pregnancy;

(13) etiology, assessment of, treatment for, and appropriate referral for abnormalities of pregnancy;

(14) identification of, implications of and appropriate treatment for various STD/vaginal infections during pregnancy;

(15) special needs of the Rh negative woman;

(16) identification and care of women who are HIV positive, have hepatitis or other communicable and non-communicable diseases

Intrapartum Care:

(1) normal labor and birth processes;

(2) anatomy of the fetal skull and its critical landmarks;

(3) parameters and methods for assessing maternal and fetal status, including relevant historical data;

(4) emotional changes and support during labor and delivery;

(5) comfort and support measures during labor, birth, and immediately postpartum;

(6) techniques to facilitate the spontaneous vaginal delivery of the baby and placenta;

(7) etiology, assessment of, appropriate referral or transport of and/or emergency measures (when indicated) for the mother or newborn for abnormalities of the four stages of labor;

(8) anatomy, physiology, and supporting normal adaptation of the newborn to extrauterine life;

(9) familiarity with medical interventions and technologies used during labor and birth;

(10) assessment and care of the perineum and surrounding tissues, including suturing necessary for perineal repair;

Postpartum Care:

(1) anatomy and physiology of the postpartum period;

(2) anatomy and physiology and support of lactation, and appropriate breast care and assessment;

(3) parameters and methods for assessing and promoting postpartum recovery;

(4) etiology and methods for managing the discomforts of the postpartum period;

(5) emotional, psycho-social and sexual changes which may occur postpartum;

(6) nutritional requirement for women during the postpartum period;

(7) etiology, assessment of, treatment for and appropriate referral for abnormalities of the postpartum period;

(8) methods to assess the success of the breastfeeding relationship and identify lactation problems, and mechanisms for making appropriate referrals;

(9) suturing necessary for episiotomy repair;

(10) dispensing and administering pitocin (intramuscular) postpartum;

(11) dispensing and administering xylocaine (subcutaneous) _____

Neonatal Care:

(1) anatomy and physiology of the newborn's adaptation and stabilization in the first hours and days of life;

(2) parameters and methods for assessing newborn status, including relevant historical data at gestational age;

(3) nutritional needs of the newborn;

(4) ARM and MCA standards for an administration of prophylactic treatments commonly used during the neonatal period;

(5) ARM and MCA standards for, indications, risks and benefits of, and method of performing common screening tests for the newborn;

(6) etiology, assessment of (including screening and diagnostic tests), emergency measures and appropriate transport/referral or treatments for neonatal abnormalities.

Health and Social Sciences:

(1) communication, counseling and teaching techniques, including the areas of client education and interprofessional collaboration;

(2) human anatomy and physiology relevant to human reproduction;

(3) ARM and MCA standards of care, including midwifery and medical standards for women during the childbearing cycle;

(4) inter-professional communication and collaboration with community health and social resources for women and children;

(5) significance of and methods for thorough documentation of client care though the childbearing cycle;

(6) informed decision making;

(7) health education, health promotion, and self care;

(8) the principles of clean and aseptic techniques, and universal precautions;

(9) psychosocial, emotional and physical components of human sexuality, including indications of common problems and method of counseling;

(10) ethical considerations relevant to reproductive health;

(11)epidemiologic concepts and terms relevant to perinatal and women's health;

(12) the principles of how to access and evaluate current research relevant to midwifery practice;

(13) family centered care, including maternal, infant and family bonding;

(14) identification of an appropriate referral of disease in women and their families;

(15) the importance of accessibility, quality health care for all women that includes continuity of care, and special requirements for home births

DOCUMENTATION OF BIRTH EXPERIENCE

NAME_____ MAILING_____
ADDRESS_____

BIRTH EXPERIENCE REQUIREMENTS: Applicant must document participation as the **primary birth attendant at 25 births**, 15 of which must have included continuous care.

Continuous care is defined as a birth which has at least five prenatal visits beginning on or before the 28th week of gestation, as determined by the last menstrual period or sonogram, and includes one postnatal visit. The Board of Alternative Health Care will accept a birth that has been transported to the hospital as long as the other continuous care requirements have been met.

Ten of the 15 continuous care births must have occurred under the personal supervision of a qualified supervisor.

Submit a copy of your records that show the continuous prenatal care (where needed), birth, and postnatal records. Staple the pages together for each birth submitted, approximately 3 pages per birth. Number your records in date-of-birth order (oldest birth first) and record the date-of-birth #1 on line #1 and indicate whether it is a continuous care birth and whether it was done under personal supervision. Have your supervisor sign off for approval where indicated.

Date of Birth	Continuous Care? (15)	Personal Supervision? (10)	Supervisor's Approval
1. ___/___/___			
2. ___/___/___			
3. ___/___/___			
4. ___/___/___			
5. ___/___/___			
6. ___/___/___			
7. ___/___/___			
8. ___/___/___			
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14.___/___/___			
15.___/___/___			
16.___/___/___			
17.___/___/___			

Date of Birth	Continuous Care? (15)	Personal Supervision? (10)	Supervisor's Approval
18.___/___/___			
19.___/___/___			
20.___/___/___			
21.___/___/___			
22.___/___/___			
23.___/___/___			
24.___/___/___			
25.___/___/___			

Sworn Statement

I have fully read and understand this experience form and the information given herein is true, correct, and complete, including all documentation submitted with this form. If so requested by the Montana Board of Alternative Health Care, I will furnish all additional information or documentation as may be deemed necessary for the verification of the information given here. I acknowledge that this form may be disapproved for cause and that any license/certification that I may obtain may be revoked for supplying false or misleading information to the Montana Board of Alternative Health Care.

_____
(Signature of Applicant)

Subscribed and sworn before me this_____ day of_____, 20____.

Seal

_____
Notary Public, State of_____
Commission expires_____
Residing at_____

DOCUMENTATION OF 40 BIRTH OBSERVATIONS

BOARD OF ALTERNATIVE HEALTH CARE

301 S Park, 4th Floor PO Box 200513

HELENA MT 59620-0513

406-841-2394

Name _____ Apprentice License # _____
Mailing Address _____

INSTRUCTIONS: List in chronological order - oldest birth observation date first.

	Date of Birth	Parent's Names	Baby's Name	Super-visor's Initials
1.	___/___/___			
2.	___/___/___			
3.	___/___/___			
4.	___/___/___			
5.	___/___/___			
6.	___/___/___			
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37.	___/___/___			
38.	___/___/___			
39.	___/___/___			
40.	___/___/___			

EVALUATION OF PRENATAL EXAMS – LEVEL _____

BOARD OF ALTERNATIVE HEALTH CARE

301 S Park, 4th Floor PO Box 200513

HELENA MT 59620-0513

406-841-2394

Name _____ Apprentice License # _____
Supervisor: License # _____

INSTRUCTIONS: List in chronological order - oldest exam date first. Indicate at the top which level the form is being used for and fill in the appropriate number of prenatal exams. Level I requires 20 exams. Level II and Level III require 40 exams.

	Date of Birth	Parent's Names	Baby's Name	Super-visor's Initials
1.	___/___/___			
2.	___/___/___			
3.	___/___/___			
4.	___/___/___			
5.	___/___/___			
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35	___/___/___			
36.	___/___/___			
37.	___/___/___			
38.	___/___/___			
39.	___/___/___			
40.	___/___/___			

Instructions: To be initialed by your supervisor if successfully completed.

Performs all components of routine prenatal exam:

_____ assess fundal height/fetal growth/fetal weight

_____ locate and count fetal heart tones

_____ assess intrauterine fetal presentation and position

_____ assess engagement and flexion (if appropriate)

_____ cervical ripeness (if appropriate)

_____ assess weight gain

_____ assess blood pressure

_____ assess urinalysis and dip stick

_____ assess do appropriate lab work

_____ conduct appropriate client education

COMMENTS:

Supervisor's Signature_____Date_____